



## GEORGIA MEDICAID FEE-FOR-SERVICE CORLANOR PA SUMMARY

**STATUS:** Non-preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for members 18 years or older with a diagnosis of chronic heart failure, including class II-IV or stage C-D, and left ventricular ejection fraction  $\leq 35\%$ , resting heart rate  $\geq 70$  beats per minutes and blood pressure  $\geq 90/50$  mmHg, that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to maximally-tolerated doses of beta blockers.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.